

**STATE OF CONNECTICUT INSURANCE DEPARTMENT**  
**REPLACEMENT PRODUCER RENEWAL APPLICATION**  
**(For Licenses Expiring 01/31/06)**  
**FIRM LICENSE**

COMPLETE AND MAIL THIS FORM BY JANUARY 31, 2006 WITH YOUR CHECK FOR **\$80** PAYABLE TO:  
"TREASURER, STATE OF CONNECTICUT"

**\$80**

**MAIL TO:**

**Connecticut Insurance Dept  
Producer Renewals  
PO Box 816  
Hartford, CT 06142-0816**

**ALL ITEMS MUST BE COMPLETED/FILLED IN**

- |  |              |
|--|--------------|
| 1. CT Lic #:                                       | 2. Tax ID #: |
| 3. Licensee's Name:                                |              |
| 4. Physical Address:                               |              |
| 5. City/St/Zip:                                    |              |
| 6. Phone #:  |              |
| 7. CHECK HERE IF THIS IS A CHANGE OF ADDRESS _____ |              |

**INSTRUCTIONS**

If you do not know your Firm's CT Producer License #, select [VERIFY A LICENSE](#) and type in Firm's name (EXAMPLE: "SMITH COMPANY", then select PRODUCER as the license type). The license number shown on VERIFY A LICENSE does not include the leading zeros (001234567 will show as 1234567).

**Before mailing this form, be sure to:**

1. Enter your CT Firm Producer License Number
2. Enter your Firm's Tax ID Number
3. Enter Firm's Name
4. Enter Firm's Physical Address
5. Enter City, State, and Zip Code
6. Enter Business Telephone Number
7. Place an X on the line if this is a Change of Address
8. Make check for **\$80** payable to "Treasurer, State of CT"

**CT Insurance Department**  
Producer Renewals  
PO Box 816  
Hartford, CT 06142-0816

**MAIL THIS FORM AND YOUR CHECK TO:**

**LETTERS OF CERTIFICATION ARE NOT REQUIRED**

<p><b>FAILURE TO COMPLETE AND RETURN THIS FORM AND YOUR FIRM'S \$80 RENEWAL FEE BY JANUARY 31, 2006 WILL RESULT IN NONRENEWAL OF YOUR LICENSE <u>AND</u> ALL INSURANCE COMPANY APPOINTMENTS.</b></p> <p><b><a href="#">AFTER FEBRUARY 1, 2006, RENEWAL FEES ARE DOUBLED.</a></b></p>
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